

**APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **NEW TRYPANOSOMA CRUZI ANTIGEN, GENE ENCODING THEREFOR AND METHODS OF DETECTING AND TREATING CHAGAS DISEASE**

described and claimed in the specification:

Check one

*a. attached hereto.
b. filed on June 7, 1995 as Application No. 08/480,917 and amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

French Patent Application No. 94 10132, filed August 12, 1994

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771 and
Mario A. Costantino, Reg. No. 33,565.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE,
PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320. TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	Glaucia	PARANHOS-BACCALA	
2	**Inventor's Signature:	Given Name	Middle Initial	Family Name
3	**Date of Signature:	<i>Glaucia Paranho Baccala</i>	<i>8</i>	<i>1998</i>
	Residence:	Month	Day	Year
	Lyon			FRANCE
	Citizenship:	City	State or Province	Country
	Brazil and Switzerland			
	Post Office Address: (Insert complete mailing address, including country)	75 cours Gambetta		
		69003 Lyon, FRANCE		

***If Box (a.) is checked, this form may be executed only when attached to the specification (including claims)**

****Note to Inventor:** Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

(Discard this page in a sole inventor application)

1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature	<u>LESENECHAL MYLENE</u>		
3	Date of Signature	<u>06/23/1995</u>		
	Residence Villeurbanne City	State or Province	FRANCE Country	
	Citizenship France			
	Post Office Address (Insert complete mailing address, including country)	84 rue Anatole France 69100 Villeurbanne, FRANCE		
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature	<u>JOLIVET Michel</u>		
3	Date of Signature	<u>06/27/95</u>		
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	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
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	Residence City	State or Province	Country	
	Citizenship			
	Post Office Address (Insert complete mailing address, including country)			
1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature			
	Residence City	State or Province	Country	
	Citizenship			
	Post Office Address (Insert complete mailing address, including country)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.